



APPLICATION FOR CREDIT

Toll-Free: 866-875-7272 // info@contactplan.com

COMPANY NAME:

ADDRESS:

ATTENTION:

_____ Corporation
_____ Partnership
TELEPHONE _____ Individual
_____ Other

AUTHORIZED SIGNATURES / TITLES:

BILLING INSTRUCTIONS:

Room and tax to Master
 All charges to Master
 Food and Beverage Charges to Master
 Hospitality Charges to Master

HOTEL REFERENCES:

1) Name: _____
Location: _____
Event Name: _____
Events Dates: _____
Telephone Number: _____

2) Name: _____
Location: _____
Event Name: _____
Events Dates: _____
Telephone Number: _____

3) Name: _____
Location: _____
Event Name: _____
Events Dates: _____
Telephone Number: _____

BANK REFERENCE:

Name: _____
Branch: _____
Address: _____

Telephone #: _____
Account Number: _____

GROUP INFORMATION:

Arrival Date:

Total No. of expected Room Nights:

Folio Number:

Expected Credit Amount: _____

I hereby authorize and direct that an inquiry be made of the references provided. I certify that the statement and information made in this application for credit are true and correct.

I certify that I am authorized to obligate the firm, group or individuals named in the application to pay for charges incurred at the Hotel. I agree that the entity named will pay all amounts due to the _____ Hotel, as evidence by the account, not later than thirty (30) after the check-out / function date. I agree that in the event of a discrepancy in the account, to notify the Credit Manager within seven (7) days working days after receipt of the account.

(Signed)

(Please Print Name)

(Title)

(Date)

Receipt of this Credit Application does not constitute authorization. Credit authorization will be given by the Accounting Department upon verification of credit.